

# **EXHIBIT 17**

**From:** [Mimi Thompson](#)  
**To:** ["Ben Kirk"](#)  
**Subject:** Irish Delta & Strotas Group  
**Date:** Wednesday, August 26, 2009 10:59:07 AM  
**Attachments:** [2009\\_08\\_26\\_07\\_46\\_42.pdf](#)

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Good Morning Ben,

Can you please have the attached forms signed. Also I will need a passport for each individual on the account and a utility bill or something to verify the address of record.

You can fax all the information to me. Please let me know if you should need anything or should have questions.

Thanks for everything

**Mimi Thompson**  
Scottsdale Capital Advisors  
2782 Gateway Road  
Carlsbad, CA 92009

**800.914.2541 ext 210**  
**760-448-1800 local**  
**760-448-1801 fax**  
**760-650-5225 cell**

Rep 2101

\*no account may be opened without a copy of a valid form of picture identification\*



# ALPINE SECURITIES

Stock Brokerage & Investment Company

## CUSTOMER ACCOUNT INFORMATION

Account Name <b>Strotas Group Corp.</b>			
Marital Status (Please Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents <b>—</b>	Citizenship <b>Panama</b>	Date of Birth (MM/DD/YYYY)
Joint Tennant Name (If Applicable) <b>LUZ ERIKA JULIO</b>			
Marital Status (Please Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents	Citizenship <b>Panama</b>	Date of Birth (MM/DD/YYYY) <b>4/14/1974</b>

Home Address <b>Samuel Lewis 58<sup>th</sup> Ave. 7<sup>th</sup> FLOOR 7-A</b>	City <b>panamacity,</b>	Province	Country <b>Panama</b>	Postal Code
Mailing Address (if different from above): <b>Same as above</b>	City	Province	Country	Postal Code
Daytime Phone	Cell Phone	Fax		
Email Address <b>Rig@origua.com</b>				
By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.				
I would like the proceeds of sales: <input type="checkbox"/> Sent in the form of a check. <input checked="" type="checkbox"/> Held in a money market account. <input type="checkbox"/> Sent as a wire transfer (send instructions).				

Employer Name	Position/Title			
Address				
City	Province	Country	Postal Code	

<b>Affiliations and Acknowledgements</b> Do you have a securities license or are you affiliated with any stock exchange? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No Firm Name _____ Location (City, Country) _____		<b>Other Accounts</b> Do you currently maintain an account with another brokerage or investment firm? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No Firm Name _____ Location (City, Country) _____	
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<b>Banking</b> Bank Name: _____ Location (City, Country) _____	<b>Information Release</b> In order to comply with SEC regulations, we require your permission to release your account information to issuers. We will assume Yes if left blank. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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The following is an entire list of the public companies in which I am:

- (1) An officer or director;  
 (2) A holder, directly or indirectly, of 5% or more equity interest.  
 (3) A corporate "insider," "controlling person," member of a controlling group or representative of a corporate insider, controlling person or group.  
 (Use the back of this paper if more room is needed. If none, write "none.")

Company <b>NONE</b>	Title	# Of Shares Owned
Company	Title	# Of Shares Owned

Name

Acct. #

## Suitability Determination

Alpine Securities will use the following information to determine your suitability as per the 15-g rules set forth by The United States Securities and Exchange Commission.

<b>Financial Information</b> Annual Income: <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input checked="" type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> Over \$200,000 Net Worth <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input checked="" type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 Liquid Net Worth <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input checked="" type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<b>Personal Assets:</b> <input type="checkbox"/> % Stock <input type="checkbox"/> % Bonds <input type="checkbox"/> % Cash <input type="checkbox"/> % Real Estate <input type="checkbox"/> % Business <input type="checkbox"/> % Other <b>Tax Bracket</b> Please check: <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input checked="" type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 35%+	<b>Investment Objectives</b> <input checked="" type="checkbox"/> Speculation <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Tax Advantage <input type="checkbox"/> Safety of Principle <input type="checkbox"/> Other: _____ <b>Experience</b> Please fill in amount (in years) of experience with each: <u>10</u> Stocks <u>10</u> Bonds <u>10</u> Options _____ Commodities
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<b>Education:</b> Please fill in number of years attended: _____ High School _____ College (Undergraduate) _____ College (Graduate)	Have you attended any business classes or investor training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please list institutions where classes were attended in the space below: _____ _____
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### PLEASE READ BEFORE SIGNING

#### Certification:

Under penalties of perjury, I certify that I have previously received a Risk Disclosure Document explaining important information about designated securities. Furthermore, the undersigned hereby represent(s) that he/she has read the terms and conditions of the Cash Account Agreement, including the reverse side thereof, and agrees to be bound, jointly and severally, to all the terms and conditions. The undersigned further affirms he/she is not acting as a nominee. The undersigned agree(s) to notify Alpine Securities if any of the above information changes.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Customer Signature (If Applicable) \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that all information has been provided to me by the customer:

Registered Representative \_\_\_\_\_

Date \_\_\_\_\_

Approval of Principal \_\_\_\_\_

Date \_\_\_\_\_

\*no account may be opened without a copy of a valid form of picture identification\*

# ALPINE SECURITIES

Stock Brokerage & Investment Company

## CUSTOMER ACCOUNT INFORMATION

Account Name <b>Irish Delta Inc.</b>				
Marital Status (Please Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents —		Citizenship
Date of Birth (MM/DD/YYYY)				
Joint Tennant Name (If Applicable) <b>Daisy Lorena Gil</b>				
Marital Status (Please Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents		Citizenship <b>Panama</b>
Date of Birth (MM/DD/YYYY) <b>8/30/71</b>				
Home Address <b>Samuel Lewis 58th Ave. 7th Floor 7-A Panama City, Panama</b>				
Mailing Address (if different from above): <b>Same as above</b>				
Daytime Phone		Cell Phone		Fax
Email Address <b>Rig@oriqua.com</b>				
By providing your email address, you hereby authorize Alpine to send all statements, trade confirmations, and any other official communication which you may require to this email address.				
I would like the proceeds of sales: <input type="checkbox"/> Sent in the form of a check. <input checked="" type="checkbox"/> Held in a money market account. <input type="checkbox"/> Sent as a wire transfer (send instructions).				
Employer Name		Position/Title		
Address		City Province Country Postal Code		
Affiliations and Acknowledgements Do you have a securities license or are you affiliated with any stock exchange? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No Firm Name Location (City, Country)		Other Accounts Do you currently maintain an account with another brokerage or investment firm? <input type="checkbox"/> Yes (see below) <input checked="" type="checkbox"/> No Firm Name Location (City, Country)		
Banking Bank Name: Location (City, Country)		Information Release In order to comply with SEC regulations, we require your permission to release your account information to issuers. We will assume Yes if left blank. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The following is an entire list of the public companies in which I am: (1) An officer or director; (2) A holder, directly or indirectly, of 5% or more equity interest. (3) A corporate "insider," "controlling person," member of a controlling group or representative of a corporate insider, controlling person or group. (Use the back of this paper if more room is needed. If none, write "none.")				
Company <b>NONE</b>		Title		# Of Shares Owned
Company		Title		# Of Shares Owned

Name


Acct. #

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<b>Education:</b> Please fill in number of years attended: _____ High School _____ College (Undergraduate) _____ College (Graduate)	Have you attended any business classes or investor training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, please list institutions where classes were attended in the space below: _____ _____
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<b>PLEASE READ BEFORE SIGNING</b>	
<b>Certification:</b> Under penalties of perjury, I certify that I have previously received a Risk Disclosure Document explaining important information about designated securities. Furthermore, the undersigned hereby represent(s) that he/she has read the terms and conditions of the Cash Account Agreement, including the reverse side thereof, and agrees to be bound, jointly and severally, to all the terms and conditions. The undersigned further affirms he/she is not acting as a nominee. The undersigned agree(s) to notify Alpine Securities if any of the above information changes.	
 Customer Signature	Date
Joint Customer Signature (If Applicable)	Date

<b>I hereby certify that all information has been provided to me by the customer:</b>	
Registered Representative	Date
Approval of Principal	Date